PTO/SB/17 (10-07)
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PT	Complete if Known								
			1R 4818)	Application Nu	nber 10	/510,55	4		
				Filing Date	20	2004-10-07			
For FY 2008				First Named In	ventor Ha	Hans Paul Hopper			
				Examiner Nam	e Da	ivid A. l	Reifsnyder		
Applicant claim	Art Unit	17	1723						
TOTAL AMOUNT (OF PAYMENT	(\$) 1,740		Attorney Docke	t No. 16	00-1080	0 DAR		
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					E.	XAMINA	TION FEES		
Application Ty	ype <u>Fee(\$)</u> <u>S</u>		<u>Fee (\$</u>		<u>F</u>	ee (\$)		Fees Paid (\$)	
Utility	310	155	510			210	105		
Design	210	105	100	50		130	65		
Plant	210	105	310	155		160	80		
Reissue	310	155	510	255		620	310		
Provisional	210	105	0	0		0	0		
2 EXCESS CLAIM	FFFS							Small Entity	
Fee Description	1220						Fee (\$)		
	(including Reissuc	es)					50	25	
Each independent claim over 3 (including Reissues)							210	105	
Multiple dependent				370	185				
Total Claims	Fee Paid (\$)	<u>M</u>	Multiple Dependent Claims						
		x			_	Fee (\$) <u>F</u>	Fee Paid (\$)	
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3. APPLICATION S		First Named Inventor							
1.52(e)), the applica	ation size fee due is	\$ \$250 (\$125 for s							
Total Sheets								Fee Paid (\$)	
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4. OTHER FEE(S)	Art Unit 1723 Art Unit								
Non-English S	pecification, \$13	0 fee (no small	entity disc	ount)			*******		
Other (e.g., late	e filing surcharge):	Issue Fee \$1,440	<u>; Publicatio</u>	on Fee S300				1,740	
SUBMITTED BY		<u> </u>			W > + 170 - 7 1 Table 1				
Signature	/David A Rose/				26,223	Tele	ephone (713) 238-8000	
Name (Print/Type)	DAVID A ROSE			- * *	····	Dat	e Nov	ember 14, 2007	

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